

ART. XXIV.—*On the Treatment of Pulmonary Consumption by Hygiene, Climate, and Medicine, in its Connection with Modern Doctrines.* By J. HENRY BENNET, M.D., M.R.C.P. Second edition. 8vo. pp. 190. London: J. & A. Churchill, 1872.
The same. New York: D. Appleton & Co., 1871.

THE first edition of this book, which was published in 1866, and briefly noticed in the October number of this Journal for 1868, was a purely clinical treatise. In the second edition the author has, however, thought proper to extend the scope of his work by adding a chapter "On the Intimate Nature and Origin of Tubercle." He has also introduced the reports of several cases illustrative of the cure and arrest of pulmonary phthisis, and devotes several pages to answering the questions, "What are cured consumptives to do in life? Can they marry?"

The author is evidently a great admirer of Professor Bennett, of Edinburgh, whom he calls his namesake, and whose views on the pathology of phthisis he considers much more correct than those professed by the German pathologists. Inasmuch as his quotations from the latter are all second-hand, we may be pardoned for saying that his want of knowledge of the language is the reason of the very partial knowledge he has of them. Otherwise he would scarcely say that tubercle was regarded by all German pathologists as a growth of connective tissue. Niemeyer, Oppolzer, and Waldenburg, while making a distinction between tuberculosis and phthisis, which we think is clinically as well as pathologically demonstrable, and believing that the latter is generally the result of a previous inflammation, all state that miliary tubercles are depositions from the blood; the last, and we believe at least one of the others, holding that they are largely made up of extravasated white blood-corpuscles, which may or may not excite a growth of connective tissue in their immediate vicinity. Dr. Bennet is, moreover, afraid that the general adoption of the theory of the inflammatory origin of phthisis will induce many physicians to have recourse to the use of antiphlogistics in its treatment. Although it can scarcely be urged as an objection to a well-founded theory, that it may lead to occasional errors of practice, we do not see how this is likely to arise from the adoption of the theory in question. Is Dr. Bennet not aware that it is no longer the fashion to treat even frank inflammations by antiphlogistic remedies, and that *à fortiori* the restorative treatment would be prescribed in an inflammation which is confessedly of low grade? Niemeyer, it is true, advises occasionally the local abstraction of a small amount of blood, but he also recommends, among other things, rest, and the pill to which his name is generally given, composed of quinia, digitalis, and opium, which can scarcely be looked upon as debilitating in its therapeutic action. Our author does not seem to have noticed in the passage which he quotes from the article on Pulmonary Consumption in Reynolds's *System of Medicine*, that Professor Bennett there states that when an individual is predisposed to phthisis, "any accidental irritation of the lungs, often inappreciable and undetectable, causes a limited congestion here and there in the pulmonary organs, which terminates in more or less exudation of the liquor sanguinis. This exudation coagulating causes the miliary and infiltrated forms of tubercle previously described, which, partaking of the diminished vital power of the organism, instead of being transformed into the pus characteristic of a similar exudation in a healthy person, produces the small, irregular, and imperfect bodies called tubercle corpuscles. Instead of

cells which are rapidly produced, broken down, and absorbed, as in pneumonia, we have numerous molecules and bodies resembling ill-formed nuclei. In short, we have a chronic exudation in which the vitality is so lowered that it tends to disintegration, and to produce the lowest kinds of organic forms, *i. e.*, molecular granules and nuclei. It seems to us that the only material difference between Niemeyer's views and Professor Bennett's is that the latter does not make a distinction between tuberculosis and phthisis.

Dr. Bennet is again wrong in saying that the German school of pathologists deny the influence of a hereditary or acquired predisposition to phthisis. This is most distinctly admitted by Niemeyer and Oppolzer, for the *Vulnerabilität* of the former can hardly be better translated than by the word predisposition, and the testimony of the latter on this point is given in an even more unqualified manner. The constitutional condition which attends phthisis is therefore as distinctly admitted by these and other distinguished observers as by Professor Bennett himself, to consist in a depression of the function of nutrition.

Although believing that a certain number of cases of phthisis are capable of cure, Dr. Bennet expresses the opinion that it is decidedly more prudent, more judicious, even for thoroughly cured consumptives, not to return to active life, unless socially or morally obliged to do so. Of course, in cases in which the disease is merely arrested, it is even more important that the patients should abandon active and ambitious careers. In regard to the question of marriage, he says that the dangers of matrimony for consumptives differ according to sex. In men there is often an absence of proper discretion, and consequently marriage is an additional cause of debility and exhaustion. In women the danger is different; marriage does not with them try or fatigue the constitution to any great extent, unless followed by uterine disease, or by pregnancy, the latter of which is very apt to occur, inasmuch as five women out of six are fertile. Thus, the consumptive will most likely have to encounter pregnancy, confinement, and nursing, with all the attendant shocks and drains on the vitality. As a result, pulmonary phthisis is constantly accelerated and rendered fatal. A woman with a predisposition to consumption is therefore more likely to have it developed into actual disease than a man with a similar tendency. A man, the author thinks, once he has emerged from the phthisical diathesis, may marry and have children who may be strong and live. But he should be careful to choose a young and healthy wife, of a healthy stock, born and bred in the country; he must be discreet in married life, and he must bring up his children hygienically, in the country, devoting them to country pursuits.

The part of the book which still remains to be noticed is devoted to the discussion of the treatment of consumption by hygiene, climate, and medicine, and of the author's views on these points we have no criticism to make. Dr. Bennet has had unusual advantages in the study of the disease, having himself been a sufferer from it, and certainly adopted in his own case a course of treatment which has been attended with most favourable results. We therefore commend this part of the book to our readers as containing the advice of a man who is entitled to speak authoritatively.

J. H. H.

ART. XXV.—*On the Treatment of Fractures of the Limbs.* By SAMPSON GAMGEE, F.R.S.E., etc., 8vo. pp. xvi., 296. London: J. & A. Churchill, 1871.

MR. GAMGEE, who as a writer is already favourably known to American surgeons, adopts, as a motto for his volume, the familiar lines of Horace, which